



CHILDREN'S ADMINISTRATION
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM
STAFF STATEMENT OF QUALIFICATIONS

1. PROGRAM NAME			
2. STAFF NAME			
3. Status requested: <input type="checkbox"/> Trainee. Employee has not completed at least 250 hours of supervised direct treatment contact with perpetrators <u>and</u> domestic violence victim advocacy services. (Washington Administrative Code (WAC 388-60-0335)) <input type="checkbox"/> Staff. Employee meets all requirements cited in WAC 388-60-0315. <input type="checkbox"/> Supervisor. Employee is qualified to supervise direct treatment staff members and meets all requirements cited in WAC 388-60-0365.		FOR DSHS USE ONLY AUTHORIZED STATUS	
		TRAINEE	
		STAFF	
		SUPERVISOR	

4.a. Have you ever been convicted of a crime involving moral turpitude?	YES	NO
b. Have you ever been convicted of a crime involving violence?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to questions 4a, b, or c is yes, explain on page 4.		
d. Have you attached a copy of your WA State Patrol criminal history background check?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charged with a professional ethics violation?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to question 5 is yes, explain on page 4.		
6. Have you ever been a party to a civil proceeding involving domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to question 6 is yes, explain on page 4.		
7. Have you attached a copy of a certificate signifying that you are a registered counselor or licensed mental health professional through the Department of Health?	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION			
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8. Do you have a bachelor's degree? ☐ Yes ☐ No
 If yes, list the school, location, date, and your major. *Attach a copy of your degree.*

If no, list the experience you think is equal to a bachelor's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

9. Do you have a master's degree or higher ? ☐ Yes ☐ No
 If yes, list the school, location, date, and your major. *Attach a copy of your degree.*

If no, list the experience you think is equal to a master's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

MANDATORY TRAINING

10. Do you have at least 30 hours of training from an established domestic violence victims advocacy program?

☐ Yes ☐ No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF THE PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS

11. Do you have at least 30 hours of training from a certified domestic violence perpetrator treatment program or an out-of-state domestic violence perpetrator treatment program which meet the standards cited in WAC 388-60?

☐ Yes ☐ No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS

WORK EXPERIENCE

12. Complete the following.

SUPERVISED DIRECT TREATMENT CONTACT WITH PERPETRATORS

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS

DOMESTIC VIOLENCE VICTIM ADVOCACY SERVICES

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS

WORK EXPERIENCE (continued)

13. List your experience in providing group facilitation to perpetrators of domestic violence.

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS

I certify under penalty of perjury, that the information provided in this application for certification/re certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of certification and/or exclusion of program personnel from providing treatment to perpetrators of domestic violence.

SIGNATURE	PRINT NAME	DATE
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EXPLANATION OF ANSWERS
4a. Explanation to "Have you ever been convicted of a crime involving moral turpitude?"
4b. Explanation to "Have you ever been convicted of a crime involving violence?"
4c. Explanation to "Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues?"
5. Explanation to "Have you ever been charged with a professional ethics violation?"
6. Explanation to "Have you ever been a party to a civil proceeding involving domestic violence?"